



Georgetown University
Health Policy Institute
CENTER FOR CHILDREN
AND FAMILIES

The Child Core Set of Health Care Quality Measurement and Reporting

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State Partner Webinar
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BACKGROUND



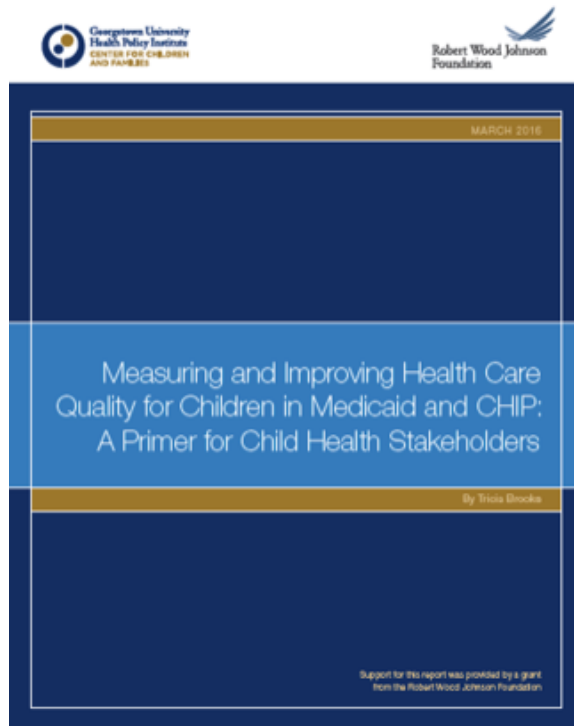
What is the Child Core Set?

- A set of standardized, evidence-based measures to assess the quality of care children receive in Medicaid and CHIP
- Allows comparability across states, programs, and plans
- States *voluntarily* report

History of the Child Core Set

- Launched as part of broader quality improvement initiatives in 2009 CHIP Reauthorization Act
- Quality efforts boosted by ARRA (electronic health records) and ACA (national quality strategy)
- CMS partnered with AHRQ to create a subcommittee
- Subject to state review and public comment
- Initial set of 24 measures released in 2010 and used for 3 years;
- Updated annually starting in 2013 with opportunity for public input

Quality Primer for Child Health Advocates



[A Primer on Health Care Quality Measurement and Improvement for Children in Medicaid and CHIP](#)

Measurement: First Step to Improving Health Care and Health Outcomes

Structural

- Evaluates infrastructure, including systems, personnel and facilities
- Example: has the MCO developed guidelines for effective care?



Process

- Measures system function; determines if services are consistent with care guidelines
- Example: are children diagnosed with asthma receiving controller medications?



Outcome

- Measures change in health or behavior
- Example: has the number of asthma-related E.R. visits for children been reduced?



Patient Experience

- Provides feedback from patient
- Example: does doctor explain things in an easily understood way?



Quality Measurement Starts with Data

Quantitative

- Numbers and data that can be measured
- Data sources
 - Administrative/enrollment data
 - Claims/encounter data
 - Medical chart reviews/electronic medical records
 - Registries (i.e. immunization)

Qualitative

- Descriptions that can be observed
- Data sources
 - CAHPS
 - NSCH
 - BRFSS
 - Other enrollee, patient, provider surveys

Primary Quality Measures Pre-CHIPRA

HEDIS

- Predominant set of performance measures
- Published by NCQA
- Used for Medicare, Medicaid, and commercial insurance
- Many providers already collecting data
- Few child/youth specific measures
- More process than outcome focused

CAHPS – Consumer Assessment of Health Providers and Systems

- Patient satisfaction with providers or plans
- Developed by AHRQ
- Consumers and patients report on their experience with health care
- Different versions for commercial insurance, Medicare, and Medicaid
- Supplement for children with chronic conditions

EPSDT Reporting

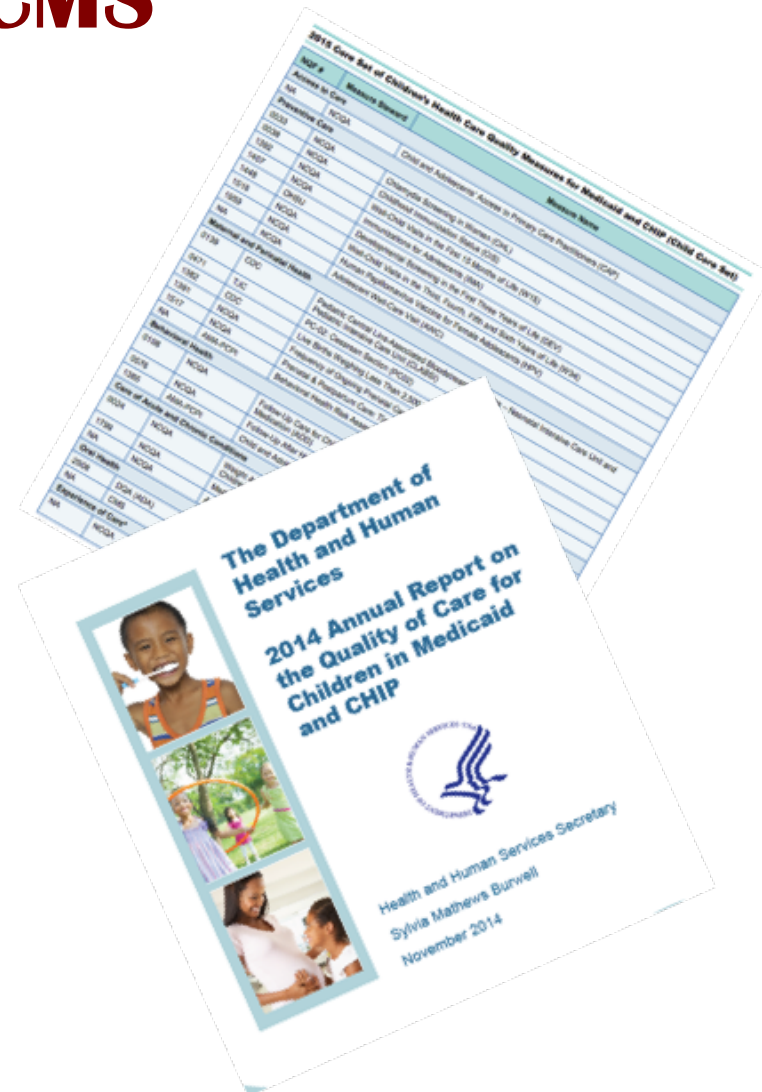
- Reported on CMS Form 416
- Required of all states for Medicaid and M-CHIP
- Age breakdowns
- Reports enrollment, generic screenings, and select services

Why a New Set?

- Quality assessment and improvement resources did not adequately meet needs of states
- Mostly focus on HEDIS and process measures
- States wanted ability to compare data but differences in collection systems, measures, and QI priorities were limited
 - Determine gap between current and best performance
 - Mobilize improvement efforts
 - Identify priorities for allocating resources
 - Incorporate performance and quality into reimbursement methodologies for plans and providers

The Role of CMS

- Collaborate with key stakeholders on evolution of the core set
- Improve mechanisms for states to report quality measures
- Provide technical assistance to the states
- Publish child health care quality data annually



THE CORE SET TODAY



Evolution of the Core Set

- # of Core Set measures has varied from 24 to 27 between 2010 and 2018
- 17 measures have remained consistent
- 12 new measures introduced
- 6 measures retired (including 4 new ones)
- Measures are categorized in 6 domains

Domains	Initial	2017
Primary Care Access and Preventive Care	10	9
Maternal and Perinatal Health	5	8
Behavioral Health	2	5
Care of Acute and Chronic Conditions	4	2
Oral Health	2	2
Experience of Care	1	1


Core Set Comes from Different Sources (the Measure Steward)

- NCQA – HEDIS (many measures)
- CDC (low weight births; hospital blood stream infections)
- The Joint Commission (c-sections)
- AMA-PCPI (behavioral health)
- OR Health and Science University (developmental screenings)
- EPSDT Form 416 (dental services)

The image displays a banner celebrating 25 years of quality from NCQA. Below it is a detailed table titled 'FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT'. The table is organized by 'Race Code' and 'Fiscal Year', with columns for various age groups: 'Total', 'Age Group 1-2', 'Age Group 3-5', 'Age Group 6-9', 'Age Group 10-14', 'Age Group 15-18', and 'Age Group 19-20'. The rows include various metrics such as 'Total Individuals eligible for EPSDT', 'Total Individuals eligible for EPSDT by 90 Calendar Days', 'Total Individuals Eligible under a Child Welfare Expatriation', 'Number of Hours in Age Group', 'Periodically Scheduled Periodically Scheduled', 'Total Number of Eligible', 'Average Periods of Eligible', 'Expected Number of Screenings', and 'Expected Number of Screenings'. A 'SCREENING RATIO' section is also present at the bottom, with a note: 'Total Eligibles Who Should Receive at Least One Visual or Hearing Screen'.

Why Do Measures Change?

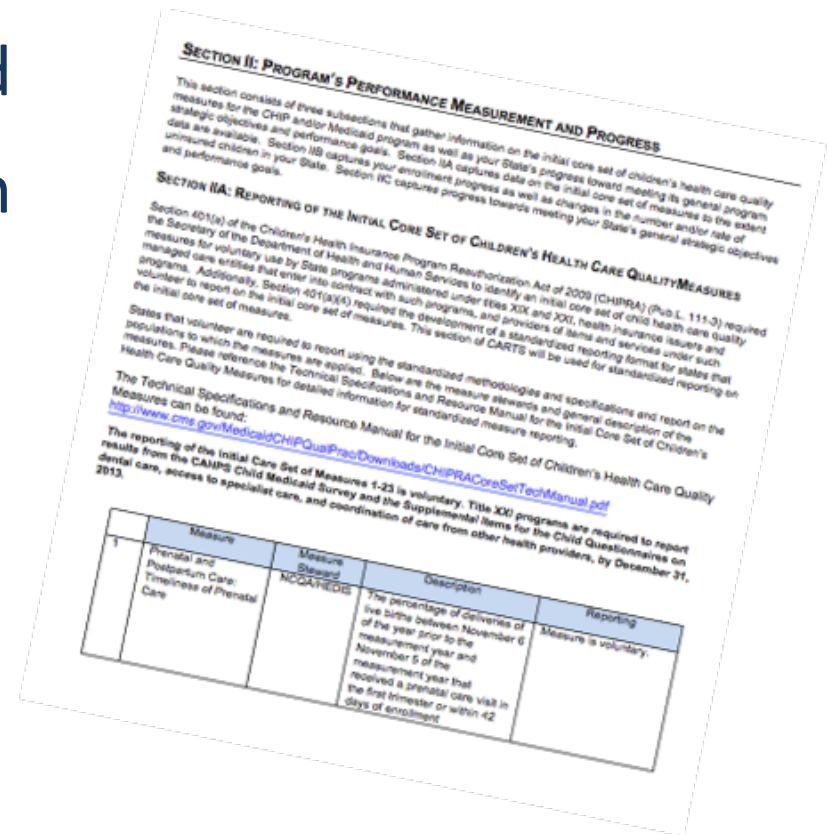
- Measurement shows consistently high results
- New measures are developed
- Changes in clinical guidelines and experiences
- Quality priorities change
- States, plans or providers have difficulty collecting the data
- The measure is retired by the measure steward



CMS plans to move toward outcome-based measures

State Reporting on the Core Set

- States voluntarily report for Medicaid, CHIP or combined
- Core Set is reported through MACPro and Form 416 (EPSDT)
- [2017 Technical Manual](#)
- T-MSIS could become national repository of data used for centralized measurement calculations



CMS Public Reporting on the Core Set

- CMS reports performance data publicly if at least 25 states report the measure
- Annual report or chart pack groups state performance in quartiles
- 2016 chart pack is in clearance but dataset has been posted

2016 Reporting

- Median # of measures reported = 18 (up from 16)
- 45 states reported at least half (13)
- 36 states reported more measures than prior year



ASSESSING A STATE'S PERFORMANCE

Downloadable DataSets Available

<https://data.medicaid.gov/Quality/2014-Child-Health-Care-Quality-Measures/rvkr-fnqb>

<https://data.medicaid.gov/Quality/2015-Child-Health-Care-Quality-Measures/59ee-bj4v>

<https://data.medicaid.gov/Quality/2016-Child-Health-Care-Quality-Measures/wnw8-atzy>

Quartile Maps Available

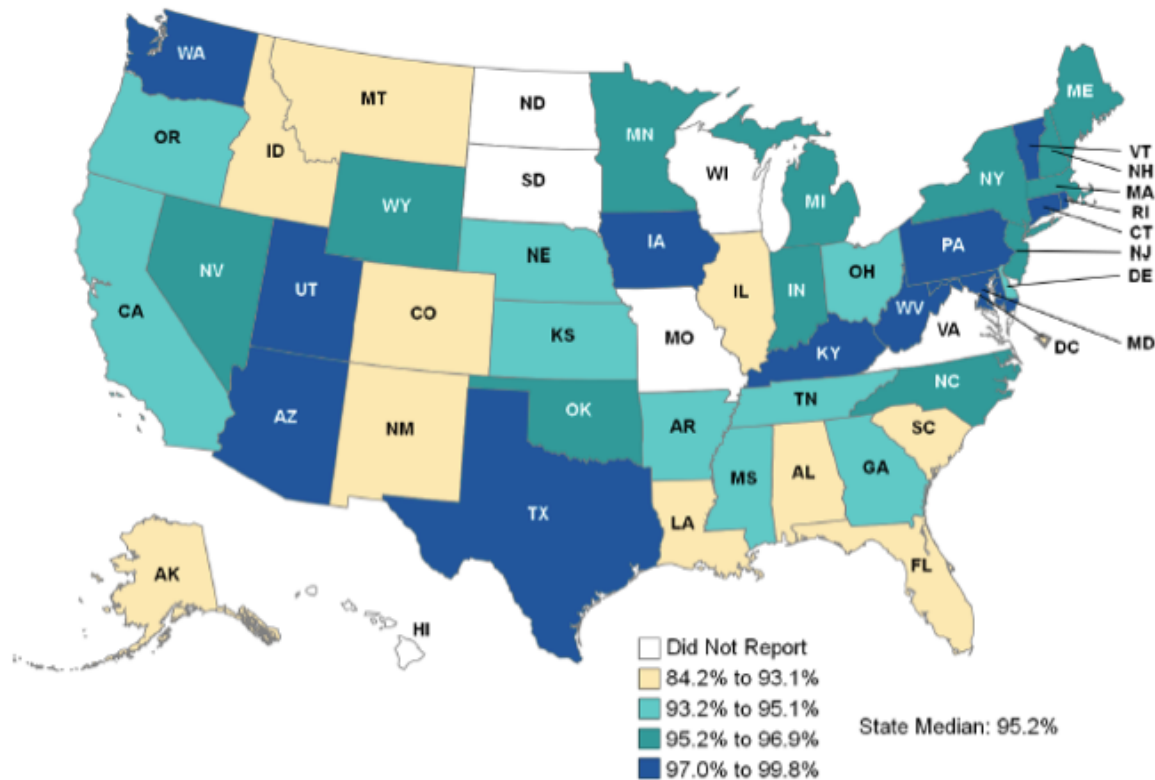
<https://www.medicaid.gov/medicaid/quality-of-care/downloads/2015-child-chart-pack.pdf>

<https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2016-child-chart-pack.pdf>

Coming Soon – 2017 chartpack

CMS Chart Pack Reports States in Quartiles (Example is from 2016 Reporting on 2015 Data; 2017 Chart Pack Reflecting 2016 Data Not Yet Released)

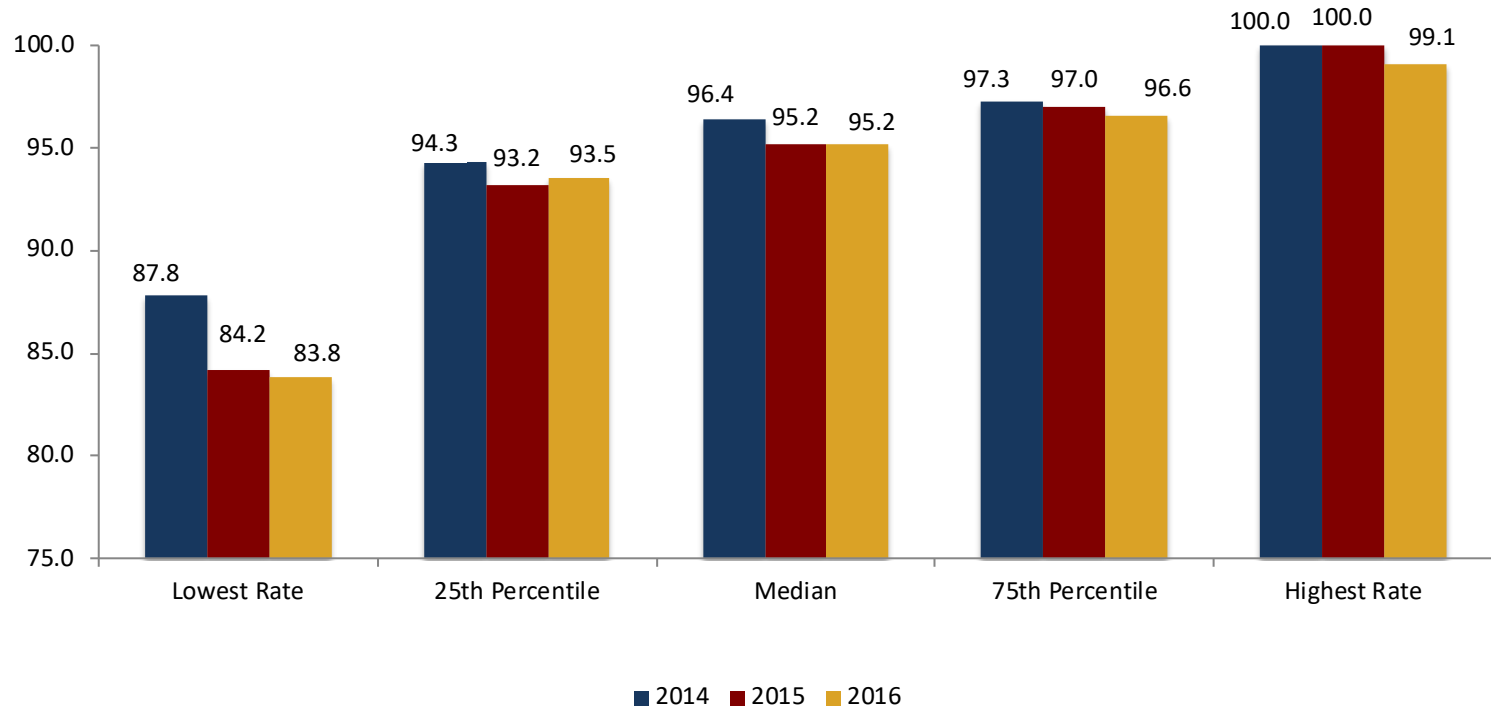
Geographic Variation in the Percentage of Children and Adolescents with a PCP Visit in the Past Year (12 to 24 Months),
FFY 2015 (n = 45 states)



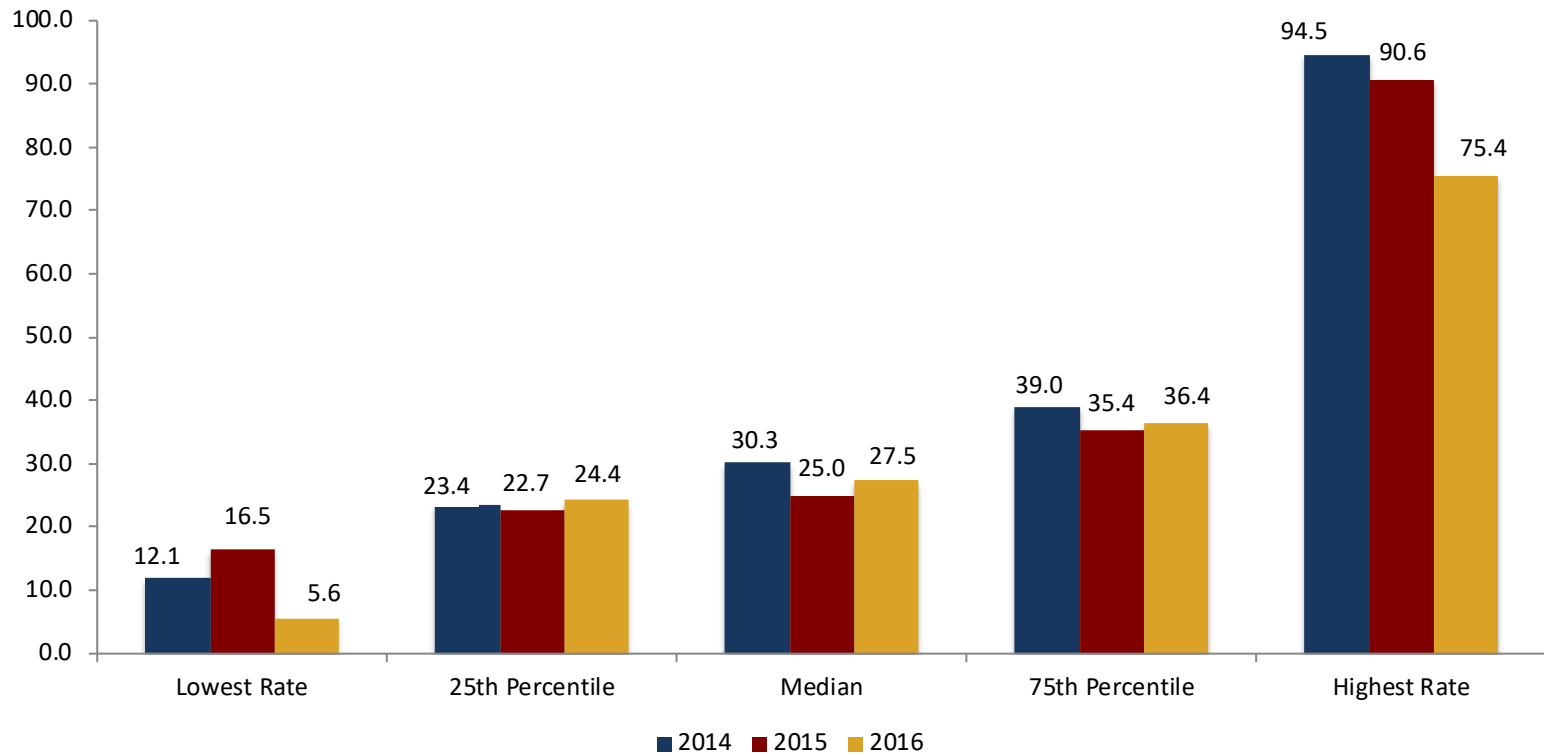


SELECT HIGHLIGHTS OF 2016 DATA

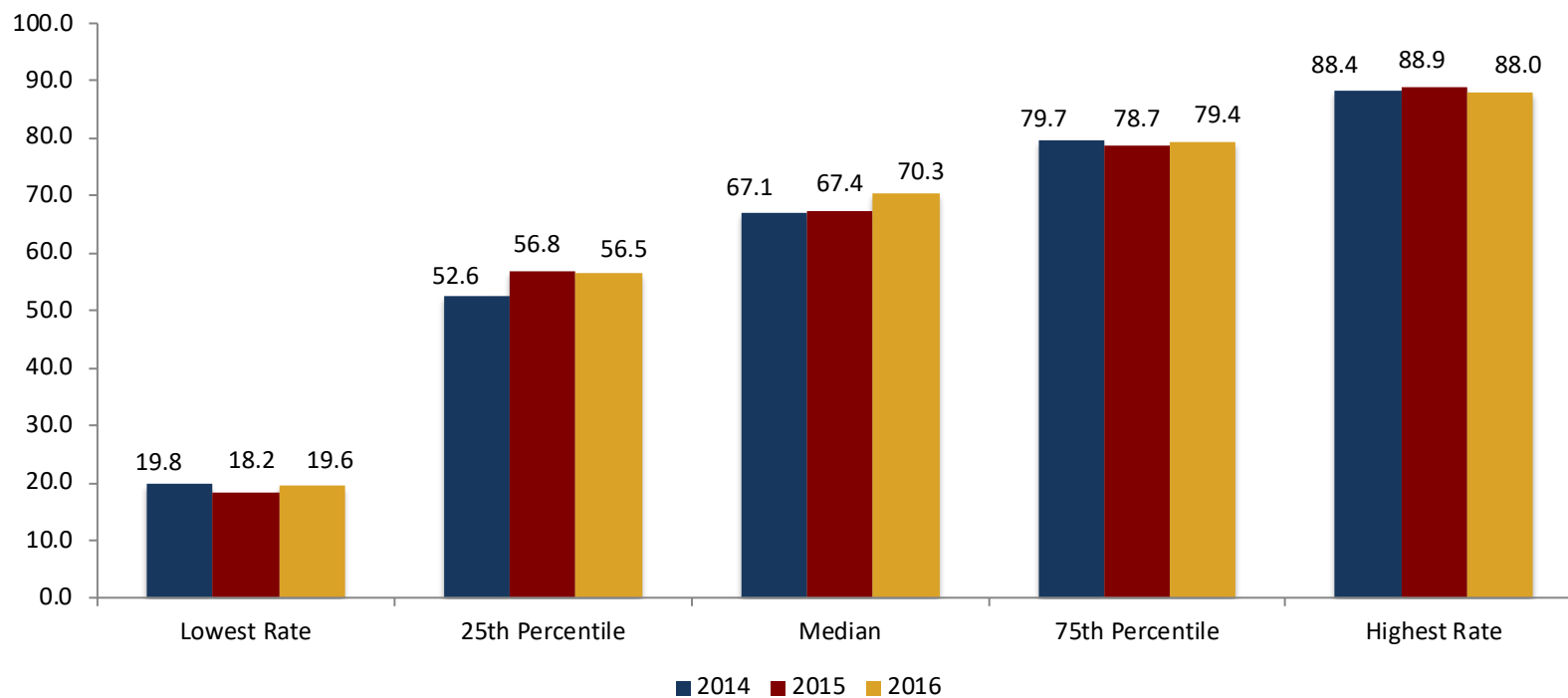
Access to Primary Care Practitioners: Percentage with a PCP Visit in the Past Year (Ages 12 months-24 months)



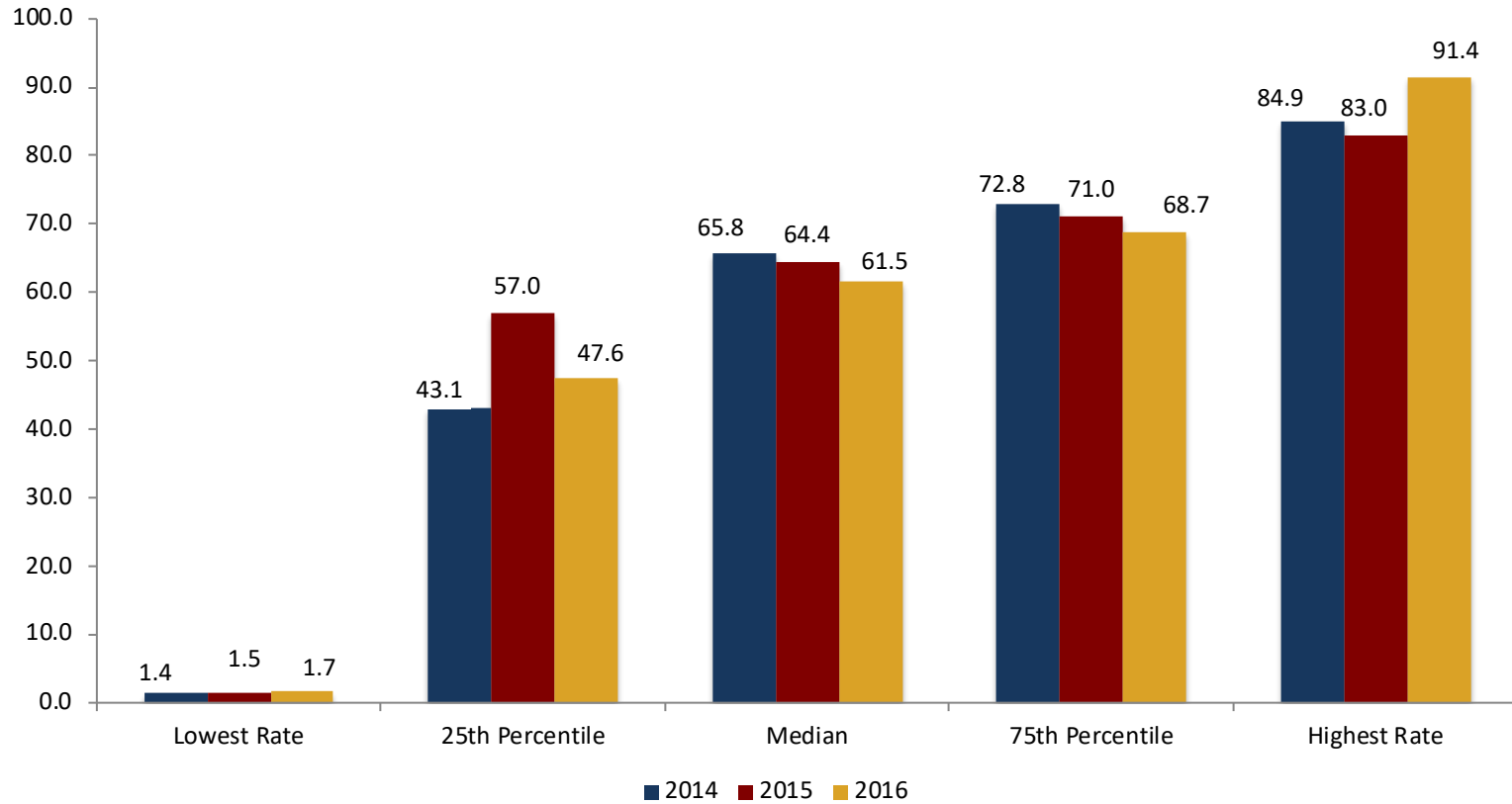
Percentage of Children with Asthma Dispensed Appropriate Medication And Remained on Medication for at Least 75 Percent of Treatment Period (Ages 5-11)



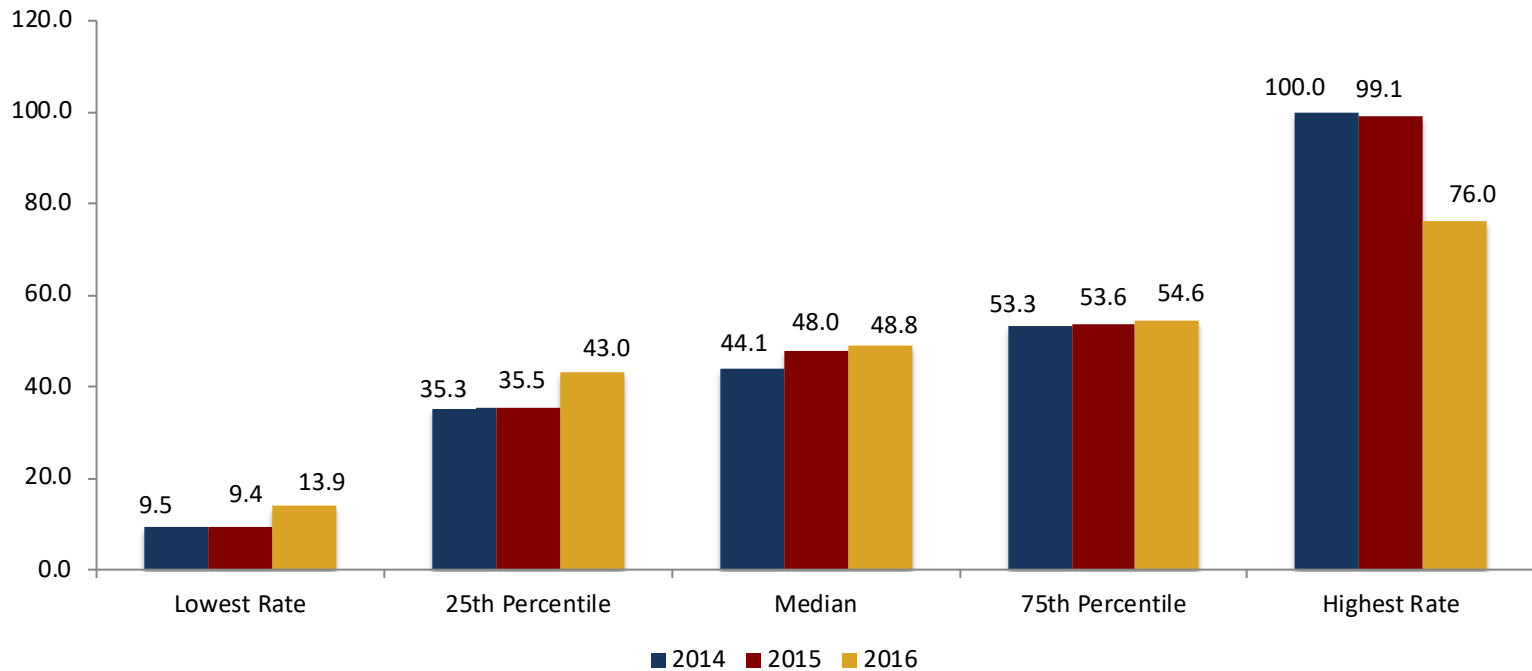
Adolescent Immunizations: Percentage of Adolescents Up-to-Date



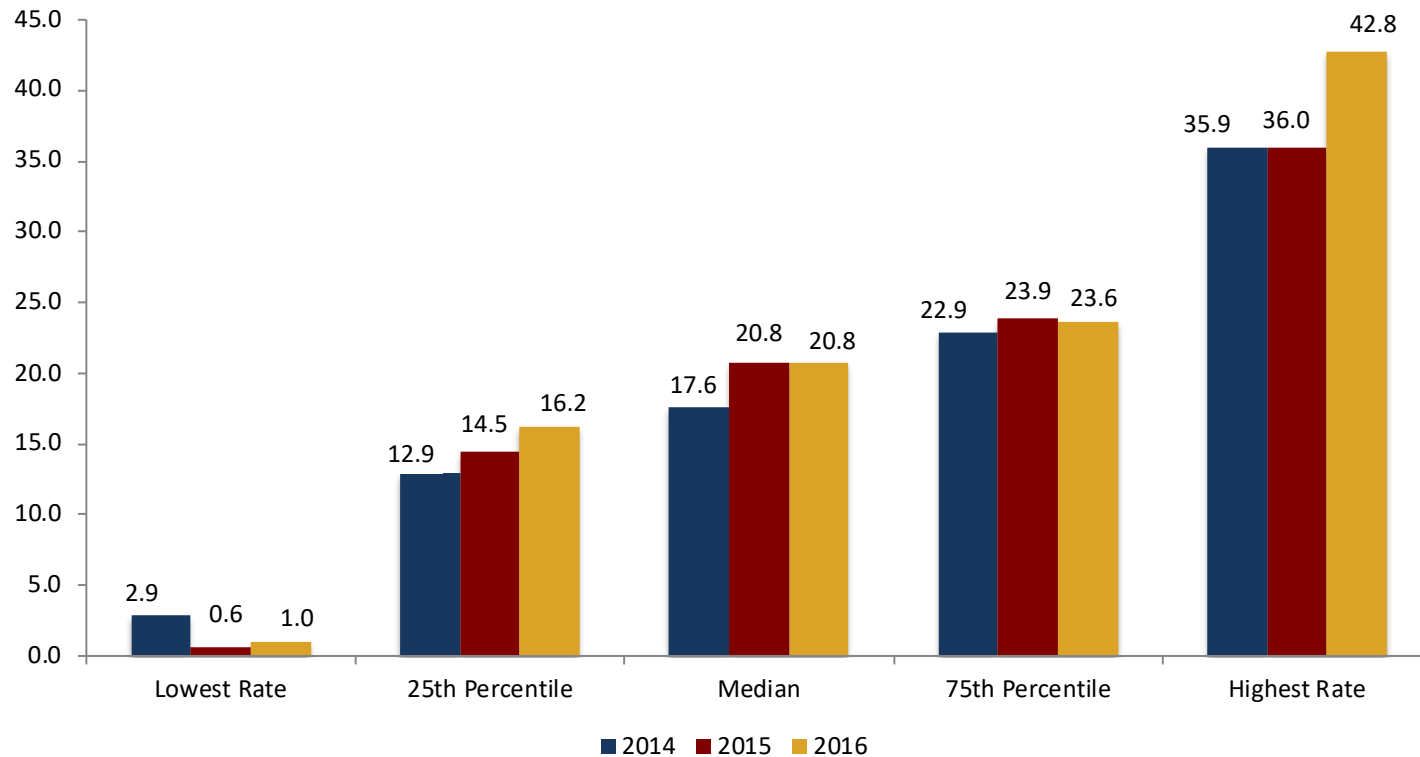
Frequency of Ongoing Prenatal Care: Percentage with More than 80 Percent of Expected Prenatal Visits



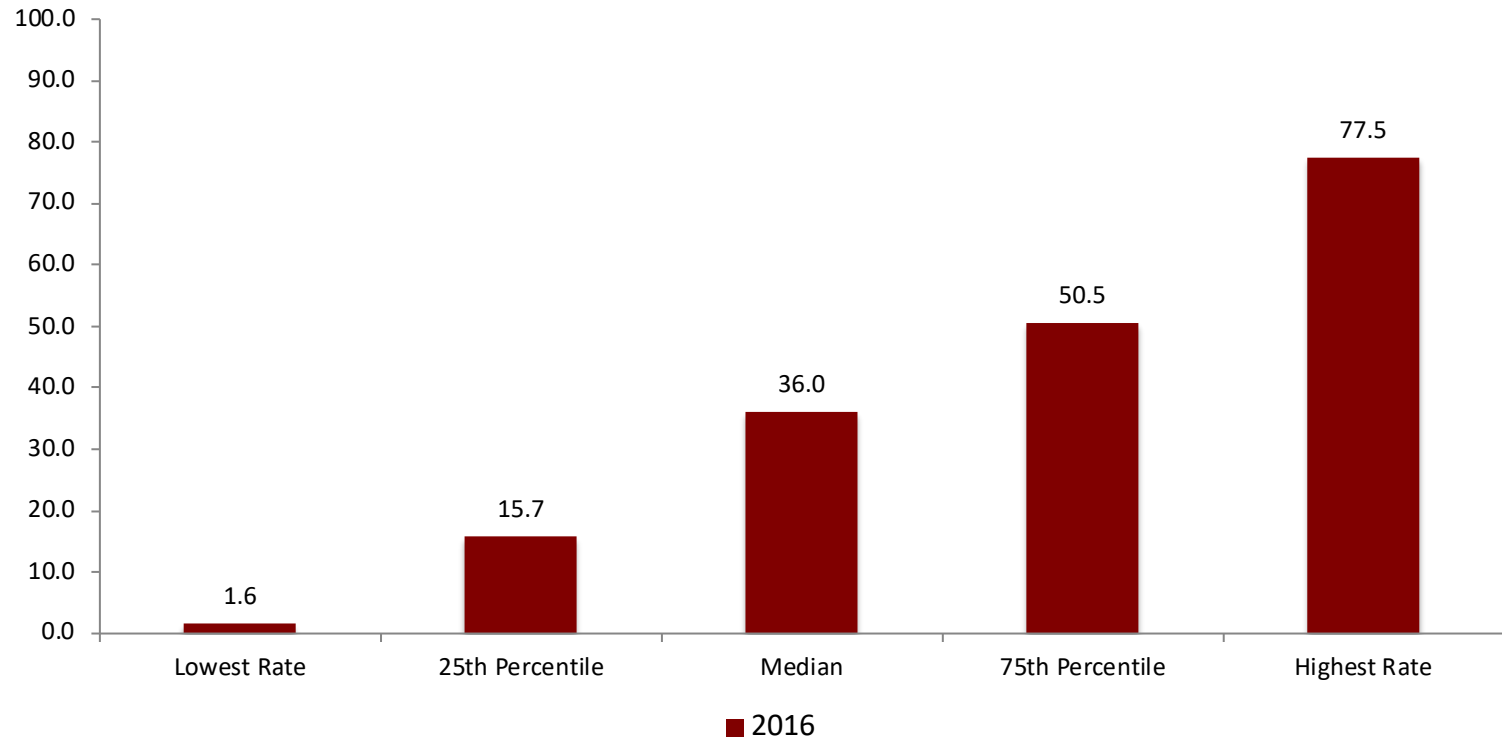
Follow-Up Care for Children Prescribed ADHD Medication: Percentage with one Follow-Up Visit During the Initiation Phase (30 Days)



HPV Vaccine for Female Adolescents: Percentage Receiving Three Vaccine Doses Before Age 13



Developmental Screening in the First Three Years of Life



High Performing States

States with the largest number of top 3 rates in 2016

- Preliminary Analysis of 2016 Data
 - MA (9)
 - CT (7)
 - RI (7)
 - NY (5)

Prior Report on Top Performing States 2013

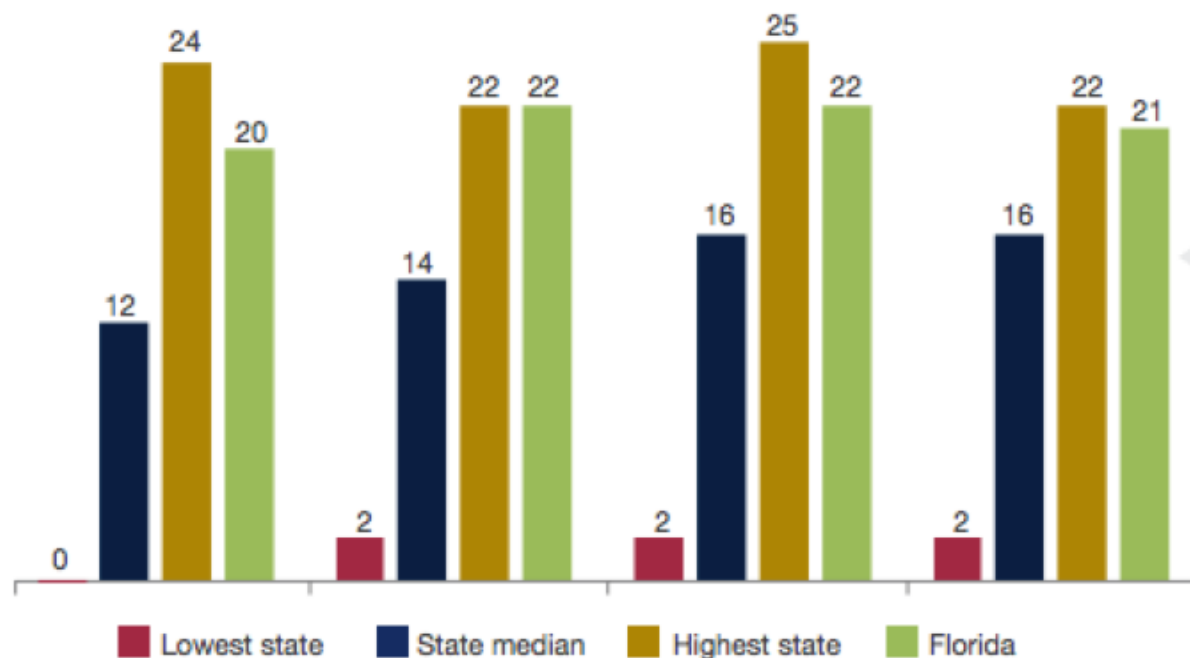
<https://www.medicaid.gov/medicaid/quality-of-care/downloads/child-core-set-hps-brief.pdf>



ANALYSIS OF STATE PERFORMANCE

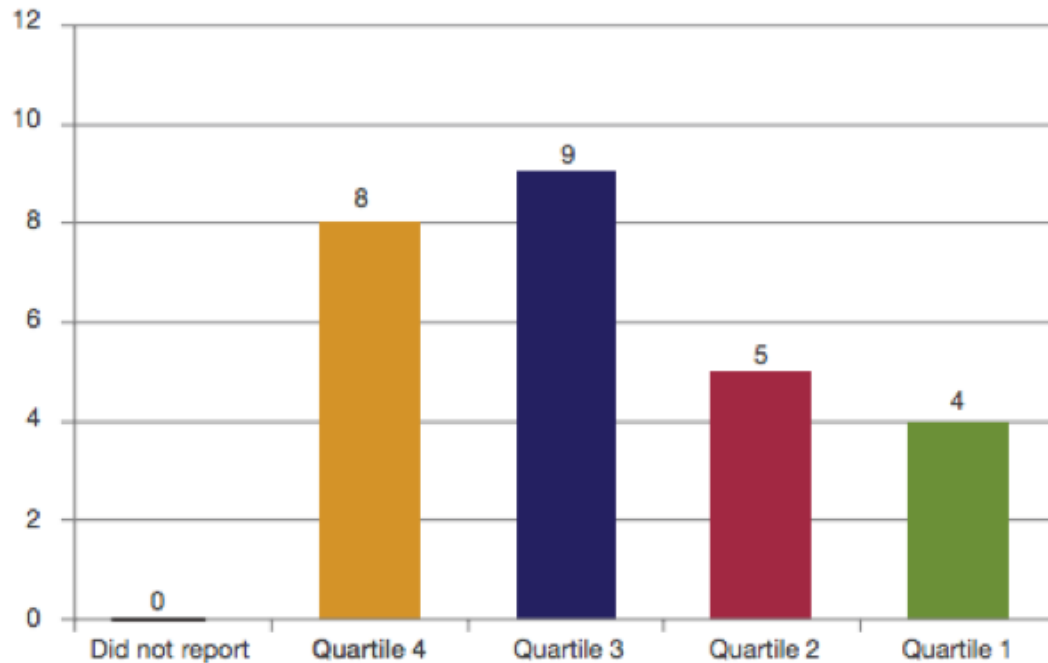
<https://ccf.georgetown.edu/wp-content/uploads/2016/05/FL-Health-Care-Quality-update-0914.pdf>

Figure 1. Florida Reporting on Child Core Set Measures, 2011-2014



Source: 2012-2015 Annual report on the Quality of Health Care for Children in Medicaid and CHIP.

Figure 2. Florida Performance Ranking on 26 Child Core Set Measures and Sub-Measures in Medicaid/CHIP
Calendar Year 2014 Data Reported in FFY 2015

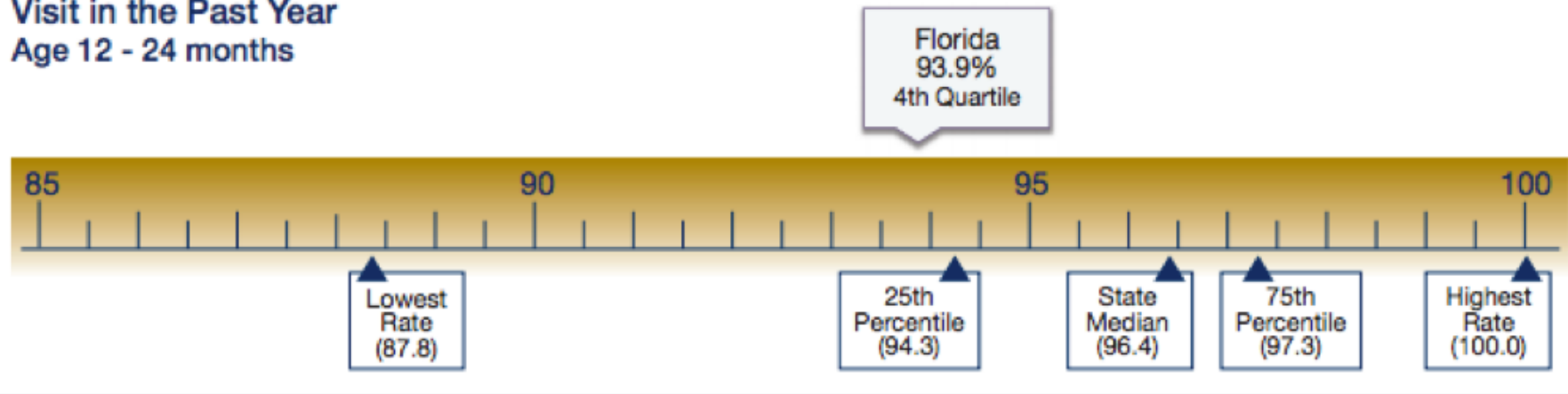


Source: HHS 2015 Annual report on the Quality of Health Care for Children in Medicaid and CHIP and domain-specific detailed reports.

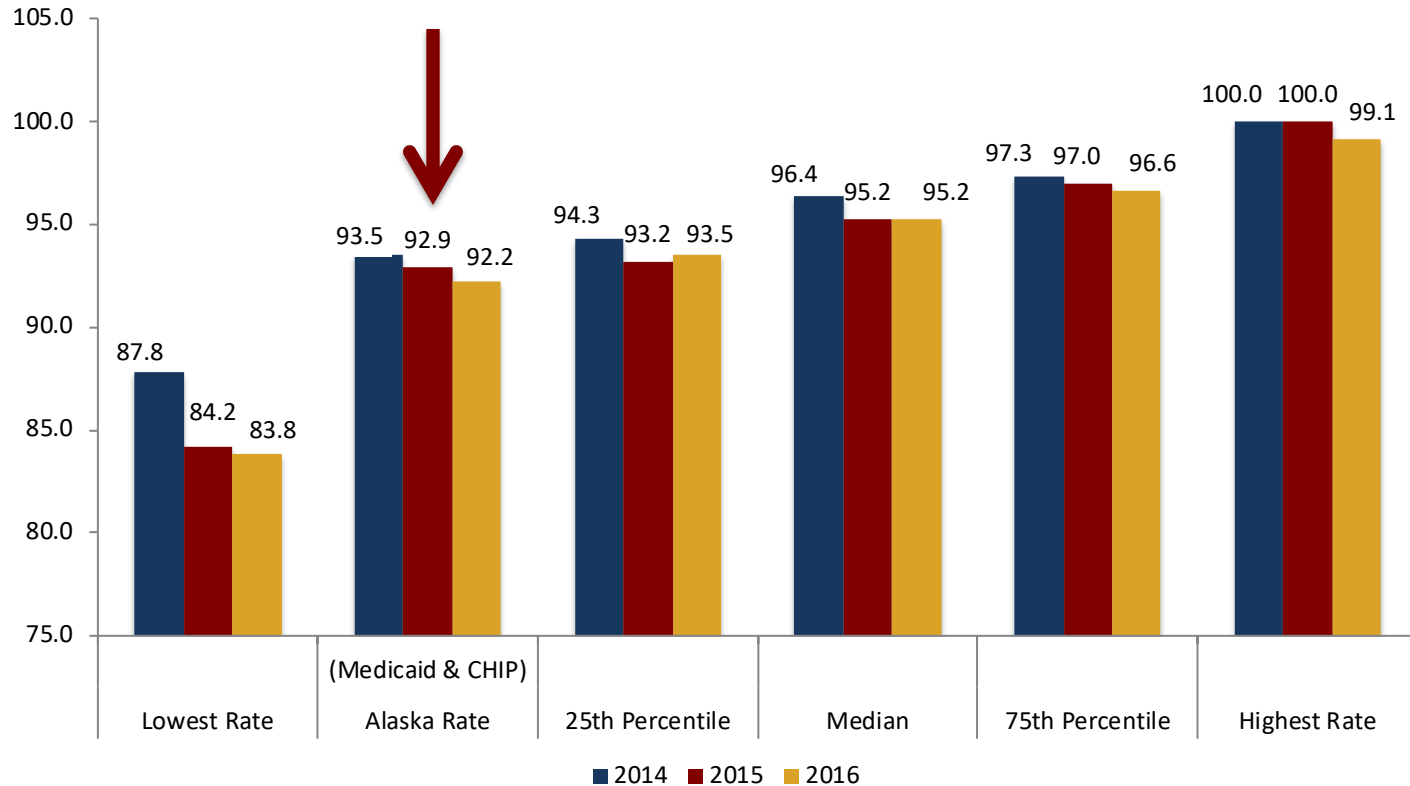
Appendix Table 1. Florida Reporting on 2014 Child Core Set of Health Care Quality Measures for Children in Medicaid and CHIP

Measure ^a	Ranking by Quartile ^b	Florida Medicaid and CHIP Rate	All Reporting States Median
Preventive and Primary Care			
Children with a PCP visit in the past year			
Ages 12-24 months	4	93.9	96.4
Ages 25 months-6 years	4	78.3	88.6
Children with a PCP visit in past 2 years			
Ages 7-11 years	4	80.0	91.2
Ages 12-19 years	4	83.7	90.6
Children receiving 6 or more well-child visits in first 15 months	3	59.6	62.1
Children and adolescents receiving at least 1 annual well-child visit			
Ages 3-6 years	3	63.7	67.4
Ages 12-21 years	2	44.2	43.5
Children and adolescents up to date on recommended immunizations			
By 2 nd birthday	2	67.9	66.9
By 13 th birthday	3	61.8	67.1
Females receiving 3 doses of HPV vaccine by 13 th birthday	2	18.8	17.6
Body mass index assessment for children and adolescents ages 3-17 years ^c	3	41.4	42.6
Sexually active females ages 16-20 years receiving at least 1 test for Chlamydia	2	54.1	48.3
Perinatal Care			
Pregnant women with prenatal care visit in 1st trimester or within 42 days of Medicaid/CHIP enrollment	4	63.3	81.4
Pregnant women receiving more than 80% of expected number of prenatal care visits	3	52.0	65.8
Live births weighing <2,500 grams (5.51 lbs.) (lower percentage is better)	3	9.7	9.0
Behavioral Health			
Follow-up after mental illness hospitalization			

**Primary Care Physician
Visit in the Past Year
Age 12 - 24 months**



Alaska Access to Primary Care Practitioners: Percentage with a PCP Visit in the Past Year (Ages 12 months-24 months)

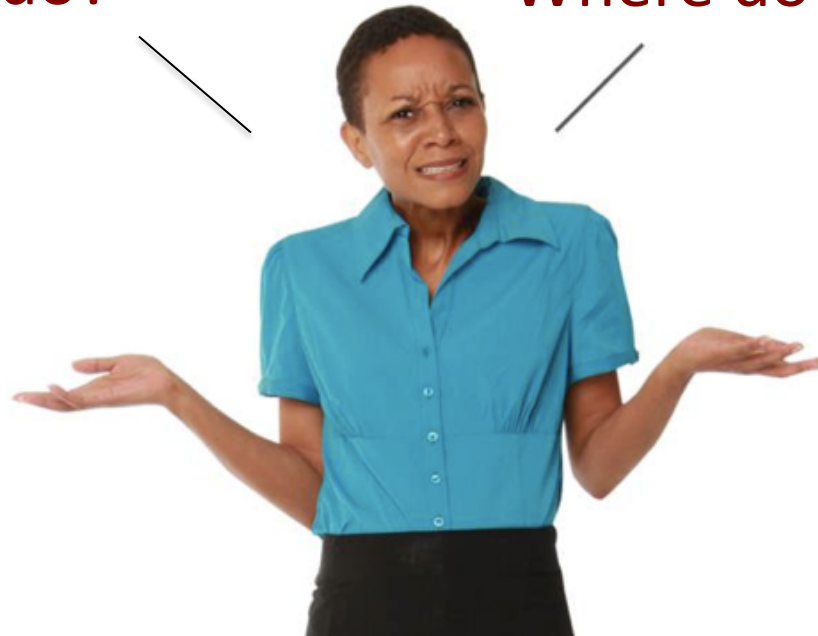




QUALITY-FOCUSED ADVOCACY

What do we do?

Where do we start?



What do child health advocates bring to the table?

- The ability to represent and give voice to the needs and wants of families with children
- The ability to reach families
- The trust of families, and ability to educate and influence
- Credibility with decision-makers and influencers
- Experience working with multi-stakeholder groups
- Communication skills and an ability to tell “the story”
- Ability to empower and mobilize consumers
- An understanding of the community
- Relationships with the community
- An understanding of the health care system and technical aspects of health care quality

Opportunities for Advocates

- Advocate for legislation that sets the quality agenda
- Press for transparency in reporting and QI initiatives
- Help to assess and prioritize improvement opportunities
- Spread the word and gain media attention on quality efforts
- Identify strong community advocates from various child development sectors to serve as local champions
- Engage state-level stakeholders who can engage community counterparts to replicate QI projects
- Engage and educate families

Taking the Plunge

- Assess where your state is across the various quality fronts, including external quality reporting in managed care
- Build on momentum
- Be bold or start small?
- Go for biggest impact or quickest win?



Data Resources

- National Survey of Children's Health (to be combined with National Survey of CSHCN in 2017) <http://childhealthdata.org/>
- Youth Risk Behavioral Surveillance <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>
- Behavioral Risk Factor Surveillance System <http://www.cdc.gov/brfss/>
- Pregnancy Risk Assessment Monitoring System (PRAMS) <http://www.cdc.gov/prams/>
- National Vital Statistics System (NVSS) <http://www.cdc.gov/nchs/nvss.htm>
- National Immunization Survey (NIS) <http://www.cdc.gov/nchs/nis.htm>
- Hospital Cost and Utilization Project (HCUP) <http://www.ahrq.gov/research/data/hcup/>
- For more resources, see: <http://www.childhealthdata.org/action/otherdata>

Also Joining Us from Mathematica

Margo Rosenbach

Vice President; Director, Health Program Improvement



Areas of Expertise

- Analysis of program performance and outcomes related to access, utilization, quality, costs, and satisfaction
- Evaluation of community-based interventions to reduce health disparities and improve public health and well-being
- Quality improvement

Topics

- Health
- State Health Policy
- Medicaid and CHIP
- Quality Measurement
- Population Health

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